

PREVAILING RATE/MAXIMUM FEE
SCHEDULE FOR CHIROPRACTORS

<u>CPT CODE</u>	<u>DESCRIPTION</u>	<u>2007 FEE</u>
RADIOLOGY		
70250	Radiologic examination, skull less than four views	\$78.73
70260	Radiologic examination, skull; complete, minimum of four views	\$118.08
70328	Radiologic examination, temporomandibular joint, open and closed mouth; unilateral	\$77.16
70330	Radiologic examination, temporomandibular joint, open and closed mouth; bilateral	\$94.48
71010	Radiologic examination, chest, single view, frontal	\$53.13
71020	Radiologic examination, chest, two views frontal and lateral;	\$75.26
71021	with apical lordotic procedure	\$96.04
71022	with oblique projections	\$103.92
71030	Radiologic examination, chest, complete, minimum of four views	\$108.65
71100	Radiologic examination, ribs, unilateral; two views	\$85.03
71101	including posteroanterior chest, minimum of three	\$100.78
71110	Radiologic examination, ribs, bilateral; three views	\$107.07
71111	including posteroanterior chest, minimum of four views	\$165.32
71120	Radiologic examination; sternum, minimum of two views	\$83.45
71130	sternoclavicular joint or joints, minimum of three views	\$88.60
72010	Radiologic examination, spine, entire, survey study, anteroposterior and lateral	\$120.90
72020	Radiologic examination, spine, single view, specify level	\$56.70
72040	Radiologic examination, spine, cervical; two or three views	\$77.48
72050	minimum of four views	\$119.32
72052	complete, including oblique and flexion and/or extension studies	\$134.83
72069	Radiologic examination, spine; thoracolumbar, standing (scoliosis)	\$73.97
72070	Radiologic examination, spine; thoracic, two views	\$88.33
72072	thoracic, three views	\$99.20
72074	thoracic, minimum of four views	\$122.82
72080	thoracolumbar, two views	\$73.97
72090	scoliosis study, including spine and erect studies	\$100.78
72100	Radiologic examination, spine, lumbosacral; two views	\$100.73
72110	minimum of four views	\$133.28
72114	complete, including bending views	\$206.12
72120	Radiologic examination, spine, lumbosacral, bending views only, minimum our views	\$135.42
72170	Radiologic examination, pelvis; one or two views	\$75.58
72190	complete, minimjum of three views	\$102.33
72200	Radiologic examination, sacroiliac joints; less than three views	\$86.60
72202	three or more views	\$96.04
72220	Radiologic examination, sacrum and coccyx, minimum of two views	\$80.31
73000	Radiologic examination; clavicle, complete	\$64.57
73010	scapula, complete	\$78.73

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73020	Radiologic examination, shoulder; one view	\$64.57
73030	complete, minimum of two views	\$80.31
73050	Radiologic examination, acromioclavicular joints, bilateral, with or without weighted distraction	\$75.58
73060	humerus, minimum of two views	\$78.73
73070	Radiologic examination, elbow; two views	\$75.58
73080	complete, minimum of three views	\$83.45
73090	Radiologic examination; forearm, two views	\$75.58
73100	Radiologic examination, wrist; two views	\$64.57
73110	complete, minimum of three views	\$81.87
73120	Radiologic examination, hand; two views	\$59.84
73130	minimum of three views	\$77.16
73140	Radiologic examination, finger(s), minimum of two views	\$58.25
73500	Radiologic examination, hip, unilateral; one view	\$75.58
73510	complete, minimum of two views	\$88.75
73520	Radiologic examination, hips, bilateral, minimum of two views of each hip, including anteroposterior view of pelvis	\$100.78
73550	Radiologic examination, femur, two views	\$80.31
73560	Radiologic examination, knee; one or two views	\$70.86
73562	three views	\$79.36
73564	complete, four or more views	\$96.04
73565	both knees, standing, anteroposterior	\$127.53
73590	Radiologic examination; tibia and fibula, two views	\$77.16
73600	Radiologic examination, ankle; two views	\$70.84
73610	complete, minimum of three views	\$81.87
73620	Radiologic examination, foot; two views	\$59.84
73630	complete, minimum of three views	\$81.87
73650	Radiologic examination; calcaneus, minimum of two views	\$70.84
73660	toe(s), minimum of two views	\$56.70

EVALUATION AND MANAGEMENT

99201	Problem focused history; Problem focused examination; and Straightforward medical decision making.	\$52.42
99202	Expanded problem focused history; Expanded problem focused examination; and Straightforward medical decision making.	\$65.13
99203	Detailed history; Detailed examination; and Medical decision making of low complexity.	\$92.14
99204	Comprehensive history; Comprehensive examination; and Medical decision of moderate complexity.	\$111.21

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99205	Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.	\$196.98
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician.	\$36.53
99212	Problem focused history; Problem focused examination; and Straightforward medical decision making.	\$49.23
99213	Expanded problem focused history; Expanded problem focused examination; and Medical decision making of low complexity.	\$57.19
99214	Detailed history; Detailed examination; and Medical decision making of moderate complexity.	\$74.67
99215	Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.	\$109.58
99244	Comprehensive history; Comprehensive examination; and Medical decision making of moderate complexity.	\$196.98
99245	Comprehensive history; Comprehensive examination; and Medical decision making of high complexity.	\$217.63
 MODALITIES		
Supervised: The application of a modality that does not require direct (one-on-one) patient contact by the provider.		
97012	Application of a modality to one or more areas; traction mechanical	\$31.99
97014	electrical stimulation (unattended)	\$27.81
97016	vasopneumatic devices	\$31.29
97018	paraffin bath	\$26.42
97022	whirlpool	\$31.99
97024	diathermy (eg, microwave)	\$23.65
97026	infrared	\$22.25
97028	ultraviolet	\$27.81
Constant attendance: The application of a modality that requires direct (one-on-one) patient contact by the provider.		
97032	modality to one or more areas; Application of a modality to one or more areas; electrical stimulation (manual), each 15 minutes	\$27.81
97033	iontophoresis, each 15 minutes	\$29.20
97034	contrast baths, each 15 minutes	\$22.25

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97035	ultrasound, each 15 minutes	\$22.95
97036	Hubbard tank, each 15 minutes	\$42.42

THERAPEUTIC PROCEDURES

Physician or therapist required to have direct (one-on-one) patient contact.

97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	\$41.72
97112	neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	\$41.03
97113	aquatic therapy with therapeutic exercise	\$45.89
97116	gait training (includes stair climbing)	\$36.15
97124	massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	\$32.69
97140	Manual therapy techniques (eg, mobilization/manipulation, manual lymphatic drainage, manual traction), one or more regions, each 15 minutes	\$30.37
97150	Therapeutic procedure(s), group (2 or more individuals)	\$33.95
98940	Chiropractic manipulative treatment (CMT); spinal one to two regions	\$35.00
98941	spinal, three to four regions	\$44.42
98942	spinal, five regions	\$55.20
98943	extraspinal, one or more regions	\$32.30
S8945	Physical medicine treatment (constant attendance by provider) to one area, initial 30 minutes, each visit; phonophoresis	\$33.55

NOTE 1: Code 97010, Hot or cold packs, shall be global to the procedure(s) performed.

Effective August 1, 2007